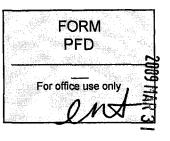
Mail to:

IECDB

510 East 12th, Suite 1A Des Moines, Iowa 50319 Or Fax: (515)281-4073





Iowa Ethics and Campaign Disclosure Board

Required by Iowa Code section 68B.35, 68B.3(2), and rules in 351 - Chapter 7.

M 8: 35

Personal Financial Disclo	sure Statement
Name: Evan R. Klenk	
Please type or print legib	ly
Agency or department: Human Services	
Position held: Service Area Manager	
Statewide office sought (non-incumbent candidates only): _	The second secon
This statement is for Calendar Year 20 08. Check if this This statement is required to cover the calendar year	
General instructions: Complete each of Parts A, B, and C below.	-
Part A. Business, Occupation, or Profession. By postoccupation, or profession in which you were engaged during name and nature of each business or employer. If you were agency and for the position held above check here.	the previous calendar year, including the
1 2	
Part B. Income sources of more than \$1,000. In the you received more than \$1000 in gross annual income duri or value of the holding is not required to be listed. This received jointly with one or more persons exceeding \$1000. spouse or other family members. A source is reportable if the federal or state income tax during the reporting period. If yo here.	categories below list each source from which ng the previous calendar year. The amount is includes the total amount of any income. Do not report income received solely by your ne gross income produced was subject to but have nothing to report under Part B check
12.	
3.	

	nancial Institutions. List the i	-	ou received annual gross
come such as certific	ates of deposit or savings accou	nts.	R
			· ·
		· - · · · · · · · · · · · · · · · · · ·	
P			
Trusts. State the n	nature or type of the trusts.		
			-
			· · · · · · · · · · · · · · · · · · ·
	the nature of real estate interests g of property. Do not list the loc	<u> </u>	
. Retirement Syste	ms. List the name of the emplo	oyer/sponsor of any retir	ement benefit system.
•			
·		<u></u>	
	ubdivisions. List any sales of a rom the sale was received.	a good or service to a po	litical subdivision of the
·			
. Other. List other surposes.	sources of annual gross income r	not reported above that v	were reported for tax
•			
Part C. Certified S	Siomatuna		
art C. Ceruneu s	signature.		
am subject to potentia	nis statement is true and accurate al civil and criminal penalties for	·	_
o me uns statement d'	y the required due date.		
	5	3.	27-49
(Signatura)	of person filing statement)	(Date)	-/-01
(Signature)	or berson ming statement)	(Date)	/////